

## NH MEDICAL CONTROL Board

NH Fire Academy  
Concord, NH

### MINUTES OF MEETING May 16, 2013

- Members Present:** Kenneth Call, MD; Tom D'Aprix, MD; David Hirsch, MD; Joseph Leahy, DO; Ray Kelly, DO; Patrick Lanzetta, MD; Jim Martin, MD; Douglas McVicar, MD; Jim Suozzi, MD; Thomas Trimarco, MD
- Members Absent:** Chris Fore, MD; Frank Hubbell, DO; Mathurin Malby, MD
- Guests:** Kevin Jenkes, Steve Erickson, Janet Houston, Mary Ellen Courdeau, Fred Heinrich, Brian Nicholson, Paul Leischner, Jeremy Bouchard, Stacy Meier, Mike Foss, Eric Jaeger, Michael Pepin, Mark Hastings, Ted White, Jeffrey Stewart, Kevin Gross, Jason Preston, Jeanne Erickson; Grant Turpin
- Bureau Staff:** Vicki Blanchard, ALS Coordinator; Richard Cloutier, Field Services; Richard Cooper, Acting Bureau Chief & Research and Quality Management Coordinator; Kathy Doolan, Field Services Coordinator; Shawn Jackson, Education Coordinator; Angela Shepard, Trauma Coordinator

#### **Welcome**

The meeting was called to order at 09:05.

Introductions were made.

#### **Approval of March 2013 Minutes:**

Discussion: Martin submitted grammatical corrections.

Decision: Call moved to accept the minutes as corrected, Leahy 2nd. VOTE passed unanimously.

#### **1. Bureau and Division Updates:**

Cooper went over the EMS Bulletin. (See attached)

- Bureau Chief's Position: Copper reported the external posting was placed on the State's website earlier in the week and an error was discovered in the education requirement. The posting was taken down and at this time we are awaiting Human Resources to correct the error and repost. Cooper expects it will be back up next week and then once it closes there will be a 4 to 6 week selection process.
- Director's Position: D'Aprix reported that he spoke to Director Plummer this morning and at this time he is unsure what is happening with the Director of Homeland Security's position and therefore does not know if he will stay with Homeland Security or return the Fire Standards and Training & Emergency Medical Services.

- Posting Findings Against Providers: Cooper reported since January there have been no findings to post. In moving forward, Doolan and Cloutier are looking into technology on how to post these findings.
- Event Reporting: Cooper requested the Chairman endorse a letter to all EMS services and providers discussing the use of an anonymous reporting tool for reporting provider/patient safety issues. All information initially goes to a third party that then scrubs any potentially identifying information and then that company reports scrubbed data back to the state as well as reports on national data as well.

Discussion: D'Aprix and the rest of the board agreed and see this as a large step forward towards promoting a culture of safety in our state.

Decision: D'Aprix/Cooper to write letter to all providers/services.

## **2. Coordinating Board Update - Hubbell:**

Hubbell was in Africa and unable to report. A copy of the Coordinating Board Draft Minutes from March 2013 was sent to the board for review.

Discussion: There was a question regarding the availability of the Best Practices link. Doolan explained that it was being updated and should be complete by next week. She additionally explained the link can be found at the bottom of the NH EMS webpage. She will send a copy of the link to the board.

Decisions: None

## **2. Trauma Systems - Shepard:**

- Trauma Registry Conference: Shepard reported that next Wednesday there will be a Trauma Registry Conference, scholarships are available from Rural Flex Grant funds, please contact Shepard for more information.
- Stroke Conference: Shepard reported the conference went very well with 156 guests. There will be a planning meeting next Friday, May 24th, to review the conference and work on future plans.
- Emergency Preparedness Conference: Shepard reported June 27th the Emergency Preparedness Conference will be held at the Radisson in Manchester. Hirsch will be among the lecturers, speaking on his experience at the Boston Marathon Attack. For more information please contact Shepard.

Discussion: None

Decision: None.

## **3. Spinal Immobilization – D'Aprix and Suozzi:**

NAEMSP Policy Statement:

- No need for backboard of already ambulatory patients with normal exam
- No need for immobilization for penetrating head/neck/torso trauma without evidence of spinal injury

D'Aprix explained that the position statement from the NAEMSP recognizes that there is little benefit from the use of backboards and some disadvantages of their use, including patient discomfort, respiratory compromise, pressure sores and that studies have shown that patients that present to the ED via BB/CC undergo more imaging than matched counterparts who present ambulatory thus incurring additional radiation and increasing overall cost. With evidence supporting backboards as more harmful than helpful, D'Aprix asked the board if they should support the NAEMSP position and make a mid-cycle change to the protocols?

Discussion: There followed discussion on training and culture change that would need to occur for the EMS providers as well as receiving facilities in Massachusetts.

Decision: Ask the Protocol Committee to put this topic to the top of their agenda and report at the July meeting.

## **5. EMS-C - Houston**

- Pediatric Readiness Assessment of NH Hospitals: Houston reported this is an important assessment and is proving to drive improvements in pediatric care nationally. The assessment was kicked off in New Hampshire yesterday; it will be open for 3 months. Houston will be reaching out to the Trauma Coordinators and EMS Coordinators to assist in completing the assessment with NH hospitals.
- Car Seat Education Program Update: Through support of the Department of Highway Safety Agency, Houston has been able to schedule 5 car seat safety classes and apply for funding for 5 additional classes. Please contact Houston to sign up for one of the classes. Additionally, she was able to obtain a mini-grant through the Department of Highway Safety Agency for car seats for the ambulance. She has awarded 18 seats to 10 squads. She handed out a pamphlet about the car seat and stated that anyone can purchase the seat for \$161 by contacting her.

Discussion: White inquired if the car seat training could be videotaped and made available to all EMS providers. Houston stated she was working with Cindy Tuttle on the project and videotaping has been discussed. She will update in July.

Decision: None.

## **PIFT Update – Blanchard & D'Aprix**

D'Aprix explained that we continue to receive calls regarding PIFT. Below are recent items that have come before the board for clarification:

- Can long term stable vented patient be transported for non-emergent care (office visits) by an EMT when the usual caregiver is present in the ambulance?

Discussion: Trimarco explained that this question came about from a 20 year old cerebral palsy patient in his area that needs to go for routine doctor visits. The patient has its own nurse who attends to the ventilator. D'Aprix stated he did not feel this fell under PIFT, as it was not an interfacility transfer, but rather an assist in transporting.

Decision: The consensus of the board was that long term vented patient can be transported for non-emergent care (office visits) by an EMT when the usual caregiver is present in the ambulance.

- Can PIFT providers use previously placed arterial line as a means of monitoring/adjusting pressors, etc. during transports?

Discussion: White explained that currently patients with arterial lines that meet the PIFT criteria are disconnected from the monitor and the blood pressure is manually monitored. White asks why, if the equipment and training is available, they cannot continue to monitor the arterial line, as it provides continuous pressure monitoring. There was a lengthy conversation regarding patient stability, roll creep into CCT, and training.

Decision: Blanchard will reconvene the Interfacility Transfer Committee to look at a model to move forward with critical care transport in New Hampshire. Hirsch volunteered to be the board's representative to the committee.

- Can PIFT providers utilize previously placed invasive temperature monitoring devices?

Discussion: White explained with the addition of the Induced Therapeutic Hypothermia protocol he has come across transfers with patients with invasive temperature monitoring devices and was unsure if they were acceptable under PIFT.

Decision: The board agreed invasive temperature monitoring is acceptable under PIFT.

- Follow up discussion regarding bedside in-service on medical devices new to EMS:

Discussion: D'Aprix reminded the board that at the March meeting it was agreed to table the language regarding bedside in-servicing for PIFT paramedics. Martin suggested the following language:

“On an individual, case-by-case basis, it is acceptable for a Paramedic to transport a patient with equipment not found on this list, with proper in-servicing. The in-servicing can be completed at the time of the transfer. The paramedic must be comfortable with the device based on this in-service and the device must not be of a critical nature.”

Turpin asked if providers would have the board's support to still be able to say “no” to a transfer if they were not comfortable with the device and bed-side training. He was reassured that the board would support those decisions.

Decision: Adopt language as written and place it in the Interfacility Transport Clinical Advisories.

- Needle Decompression

Discussion: D'Aprix followed up with the March decision that a bulletin go out regarding needle size and decompression location. At this time there are studies which are soon to be released; to avoid having a conflict with these studies the bulletin will be tabled until the release of the studies.

Decision: None

**New England Regional Protocols**

D'Aprix reported that the group working on the NE Regional Protocols is still in an informal process. The states involved are ME, NH, VT, MA, RI, & CT. NY has no interest in joining them. All of the state's involved like the look of the NH Protocols; ME & VT have adopted a large amount of our protocols; MA is adopting the look and will merge the content in due time. The group is working into a 2 year cycle to coincide with NH's and in 2015 formally work on regional pediatric protocols and a spinal assessment protocol to start with.

Discussion: None.

Decision: None.

**Topics ad libitum:**

**MCB Trauma Medical Review Board Representative**

Call has volunteered to represent the Medical Control Board on the Trauma Medical Review Board, he is working with Shepard.

**MCB Re-Nominations**

Blanchard reported she was working with the Regional Councils for reappointment of members.

**Administrative Rules**

Cooper reported that he and Doolan met with the new attorney, as part of their meeting they are exploring a change which would not require them to open rules every 2 years just because the protocols changed.

**Adjournment:** 11:26

**Next Meeting:** May 16, 2013 – Fire Academy – Concord, NH

Respectfully Submitted,

Tom D'Aprix, MD, Chairman

Prepared by Vicki Blanchard, ALS Coordinator